

OKLAHOMA STATE DEPARTMENT OF HEALTH (340)

Lead Administrator:

Brian Downs
Acting Commissioner of Health

| FY'18 Projected Division/Program Funding By Source | | | | | | |
|--|---------------------|----------------------|---------------------|---------------------|------------|----------------------|
| | Appropriations | Federal | Revolving | Local | Other* | Total |
| Public Health Infrastructure | \$3,000,000 | \$15,816,946 | \$3,066,723 | | | \$21,883,669 |
| Office of State Epidemiology | \$5,123,659 | \$44,121,739 | \$5,307,566 | | | \$54,552,964 |
| Community and Family Health | \$32,418,224 | \$131,079,462 | \$6,653,113 | \$30,737,185 | | \$200,887,984 |
| Protective Health | \$4,527,763 | \$17,905,990 | \$34,553,537 | | | \$56,987,290 |
| Health Improvement | \$7,837,836 | \$16,030,405 | \$10,064,883 | | | \$33,933,124 |
| Athletic Commission | \$176,308 | \$0 | \$340,891 | | | \$517,199 |
| Information Technology | \$0 | \$0 | \$8,915,000 | | | \$8,915,000 |
| Special Appropriation | \$30,000,000 | | | | | \$30,000,000 |
| Total | \$83,083,790 | \$224,954,542 | \$68,901,713 | \$30,737,185 | \$0 | \$407,677,230 |

*Source of "Other" and % of "Other" total for each.

**\$10,421,943 was overbudgeted in Community and Family Health Services

| FY'17 Carryover and Refund by Funding Source | | | | | | |
|--|----------------|---------|-----------|-------|--------|----------|
| | Appropriations | Federal | Revolving | Local | Other* | Total |
| FY'17 Carryover | \$ 54,318 | | | | | \$54,318 |
| | | | | | | \$0 |

*Source of "Other" and % of "Other" total for each.

SFY-18 - \$50,000 reduction for colorectal cancer screening and \$54,318 or 2.8% reduction to FQHC's (SFY-17 \$1,939,932 to SFY-18 \$1,885,614). This also includes the state match for the Informatics APD and CHIE 1332 contracts which total \$1 million.

What Changes did the Agency Make between FY'17 and FY'18?

1.) Are there any services no longer provided because of budget cuts?

Yes. Pursuant to the OSDH Corrective Action Plan filed on January 1, 2018, certain contracts have been cancelled. Services related to those contracts are therefore reduced. The contracts are Parent Pro, Oklahoma Child Abuse Prevention and Federally Qualified Health Centers. (See e.g. January 1, 2018 Corrective Report)

2.) What services are provided at a higher cost to the user?

The cost of medications have increased, the cost of TB control has increased, the cost of lead screening has increased and the cost of STD medications have increased. FMAP will increase due to the cost to provide services.

3.) What services are still provided but with a slower response rate?

N/A

4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.

Yes.

| FY'19 Requested Division/Program Funding By Source | | | | | | |
|--|---------------------|----------------------|---------------------|---------------------|----------------------|--------------|
| | Appropriations | Federal | Revolving | Local | Total | % Change |
| Public Health Infrastructure | \$3,000,000 | \$15,816,946 | \$3,066,723 | | \$21,883,669 | 0.00% |
| Office of State Epidemiology | \$7,470,677 | \$44,121,739 | \$5,307,566 | | \$56,899,982 | 4.30% |
| Community and Family Health | \$32,678,374 | \$131,079,462 | \$37,390,298 | \$30,000,000 | \$231,148,134 | 15.06% |
| Protective Health | \$7,136,571 | \$17,905,990 | \$34,553,537 | | \$59,596,098 | 4.58% |
| Health Improvement | \$7,837,836 | \$16,030,405 | \$10,064,883 | | \$33,933,124 | 0.00% |
| Athletic Commission | \$176,308 | \$0 | \$340,891 | | \$517,199 | 0.00% |
| Information Technology | \$0 | \$0 | \$8,915,000 | | \$8,915,000 | 0.00% |
| Special Appropriation | 0 | 0 | 0 | 0 | 0 | -100.00% |
| Total | \$58,299,766 | \$224,954,542 | \$99,638,898 | \$30,000,000 | \$412,893,206 | 1.28% |

*Source of "Other" and % of "Other" total for each.

FY'19 Top Five Appropriation Funding Requests

| | \$ Amount |
|--|------------------|
| Medical Marijuana (Question No. 788, Initiative Petition No. 412 (SQ788) | \$2,608,808 |
| Immunization Vaccine | \$1,516,493 |
| Infectious Disease Control | \$830,525 |
| | \$0 |
| | \$0 |
| | \$0 |
| Total Increase above FY-18 Request | 4,955,826 |

**FY18 Appropriation is \$53,083,790; if FY19 Budget Request was granted OSDH FY19 total appropriation would increase to \$58,039,616

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How would the agency handle a 2% appropriation reduction in FY'19?

| \$ Amount | Description |
|--|--|
| | A reduction in appropriation will be addressed by proper analysis of all programs by the agency. First, a service delivery model will be developed pursuant to core public health objectives. Then, a zero based budgeting approach will be utilized to develop and fund the strategy in a responsible fiscal fashion. Since the agency has been in the throes of financial distress, all of the agency's service delivery will be subjected to complete fiscal redevelopment through the zero based budget model. This process will create a platform for addressing the public health requirements of the agency with the available agency resources. (See e.g. January 1, 2018 Corrective Report) |
| \$0 Total Reduction of Expenditures | |

How would the agency handle a 4% appropriation reduction in FY'19?

| \$ Amount | Description |
|--|--|
| | A reduction in appropriation will be addressed by proper analysis of all programs by the agency. First, a service delivery model will be developed pursuant to core public health objectives. Then, a zero based budgeting approach will be utilized to develop and fund the strategy in a responsible fiscal fashion. Since the agency has been in the throes of financial distress, all of the agency's service delivery will be subjected to complete fiscal redevelopment through the zero based budget model. This process will create a platform for addressing the public health requirements of the agency with the available agency resources. (See e.g. January 1, 2018 Corrective Report) |
| \$0 Total Reduction of Expenditures | |

How would the agency handle a 6% appropriation reduction in FY'19?

| \$ Amount | Description |
|--|--|
| | A reduction in appropriation will be addressed by proper analysis of all programs by the agency. First, a service delivery model will be developed pursuant to core public health objectives. Then, a zero based budgeting approach will be utilized to develop and fund the strategy in a responsible fiscal fashion. Since the agency has been in the throes of financial distress, all of the agency's service delivery will be subjected to complete fiscal redevelopment through the zero based budget model. This process will create a platform for addressing the public health requirements of the agency with the available agency resources. (See e.g. January 1, 2018 Corrective Report) |
| \$0 Total Reduction of Expenditures | |

Is the agency seeking any fee increases for FY'18?

| Yes | \$ Amount |
|--|-------------|
| Increase 1 The increase was to the food establishment industry and went into effect November 1, 2017. | \$2,000,000 |
| Increase 2 | \$0 |
| Increase 3 | \$0 |

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

| | |
|--|--------------|
| Public Health Laboratory Total Construction Bond <i>*OSDH has modified finance timeline with OCA and expects to close on bonds in July 2018. The agency has the ability to capitalize interest which would push required principal and interest to begin in FY'20</i> | \$53,840,000 |
|--|--------------|

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

The department receives approximately 59% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance but do not necessarily constitute "mandates". In some instances, the federal monies are used to support mandates where appropriated monies or fees cannot sustain programmatic efforts such as infectious disease programs. This support is undertaken only through a system of utilization of allowable federal resources to the programs (See e.g. 2 CFR Sec. 200)

2.) Are any of those funds inadequate to pay for the federal mandate?

As mentioned above, a considerable portion of federal monies received by the department are utilized to support state level mandates

3.) What would the consequences be of ending all of the federal funded programs for your agency?

Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve statewide initiatives and impact much of the state's population. Those programs include but are not limited to focus on the following public health issues; All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health Services, Nursing Home and Health Facility Inspection and Regulation as well as many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate the capability of a coordinated health and medical response in an emergency.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

Federal reductions in funding could possibly result in the reduced focus of the programs which may affect service delivery in counties throughout the state for various programs and initiative which rely on those funds.

The CDC Tobacco Control Core program is anticipating a reduction in funding between 10% and 50% (\$109,032 to \$545,162) beginning March 31, 2017. The proposed budget cut has affected staffing costs, contracts and services related to tobacco control efforts.

5.) Has the agency requested any additional federal earmarks or increases?

The agency has not requested any federal earmarks. However, approximately, 59% of the departments funding is awarded through 77 separate federal revenue streams. The department continues efforts to identify all available funding opportunities that align with core public health functions.

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| Division and Program Descriptions | | | | | | |
|--|--|--|--|--|--|--|
| Public Health Imperatives | | | | | | |
| Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm | | | | | | |
| Priority Public Health - Improvement of Health Outcomes | | | | | | |
| Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma | | | | | | |
| Prevention Services and Wellness Promotion | | | | | | |
| These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness | | | | | | |
| Access to Competent Personal, Consumer and Healthcare Services | | | | | | |
| These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable | | | | | | |
| Science and Research | | | | | | |
| Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation | | | | | | |
| Public Health Infrastructure | | | | | | |
| The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence | | | | | | |

| FY'19 Budgeted FTE | | | | | | |
|------------------------------|-------------|------------|--------------|--------------|-----------------|-----------------|
| | Supervisors | Classified | Unclassified | \$0 - \$35 K | \$35 K - \$70 K | \$70 K - \$\$\$ |
| Public Health Infrastructure | 48 | 24 | 24 | 9 | 25 | 14 |
| Office of State Epidemiology | 40 | 9 | 31 | 1 | 20 | 19 |
| Community and Family Health | 266 | 195 | 71 | 53 | 158 | 55 |
| Protective Health | 64 | 30 | 34 | 2 | 34 | 28 |
| Health Improvement | 17 | 1 | 16 | | 4 | 13 |
| Athletic Commission | 1 | | 1 | | | 1 |
| Total | 436 | 259 | 177 | 65 | 241 | 130 |

| FTE History | | | | | | |
|------------------------------|---------------|-------------|-------------|----------|----------|--|
| | 2018 Budgeted | 2017 | 2014 | 2011 | 2007 | |
| Public Health Infrastructure | 141 | 136 | 134 | n/a | n/a | |
| Office of State Epidemiology | 163 | 221 | 219 | | | |
| Community and Family Health | 1419 | 1408 | 1394 | | | |
| Protective Health | 251 | 244 | 241 | | | |
| Health Improvement | 156 | 147 | 145 | | | |
| Athletic Commission | 2 | 2 | 2 | | | |
| Total | 2132 | 2156 | 2133 | 0 | 0 | |

(Black & Red / red denotes actual vs. black-predicted)

OKLAHOMA STATE DEPARTMENT OF HEALTH (340)

| Performance Measure Review | | | | | |
|---|---------------|---------------------|---------------------|----------------------|------------------|
| | FY'17 | FY'16 | FY'15 | FY'14 | FY'13 |
| All Hazards Preparedness | | | | | |
| Improve state score on National Health Security Preparedness Index by | 6.4% | 7.6% | 8.3% | 7.3% | N/A |
| Improve Infectious Disease Control | | | | | |
| Incidence of tuberculosis, pertussis, hepatitis A and indigenously-acquired measles cases per 100,000. Previous years data in this document are for the measure as stated. FY 2016 data is for the new measure: Average number of reported Tuberculosis, Pertussis and Salmonella cases per 100,00 population. | 25.81% | 5.60% | 6.86% | 8.80% | 6.80% |
| Incidence of Reported Acute Hepatitis B Cases per 100,000 Oklahoma Population: | 1.00% | 1.98% | 1.47% | 1.03% | 2.1% |
| Percent of immediately notifiable reports in which investigation is initiated by ADS within 15 minutes. | 96% | 100% | 95% | 98% | 95% |
| Improve Mandates Compliance | | | | | |
| Percent of State Mandated Non-Compliant Activities Meeting Inspection Frequency Mandates (IFMs) | 100.0% | 100.0% | 93.0% | 86.0% | 92.3% |
| Percent of State Mandated Complaint Activities Meeting Inspection Frequency Mandates (IFMs) | 100.0% | 95.0% | 91.0% | 80.0% | 23.1% |
| Percent of Contracted Non-Complaint Activities Meeting Inspection Frequency Mandates (IFMs) | 100.0% | 100.0% | 88.0% | 86.0% | 86.0% |
| Percent of Contracted Complaint Activities Meeting Inspection Frequency Mandates (IFMs) | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% |
| Improve Children's Health | | | | | |
| Percent of Pregnant Women Receiving Adequate Prenatal Care as Define by Kotelchuck's APNCU Index | 72.5% | 73% / 70.1 | 72% / 70.5 | 71.6% / 70.0% | |
| Rate of Infant Deaths per 1,000 Live Births. Note from Joyce Marshall: Please note that the Infant Mortality Rate (IMR) is a rate per 1000 live births and not percentage and that we included both annual and three-year data for the IMR. The three-year moving average IMR is the current standard and the one we are reporting publicly. | 7.3 | 7.5 | 7.2 | 7.5 | 7.6% |
| Percent of Infants Born to Pregnant Women Receiving Prenatal Care in the First Trimester | 71.0% | 68.5% | 68.6% | 68.5% | |
| Rate of Pre-Term Births | 10.1% | 12.4% / 10.3 | 12.6% / 10.5 | 12.8% / 10.8 | |
| Improve Disease and Injury Prevention | | | | | |
| Percent of children 19-35 months old immunized with 4:3:1:3:3:1 This measure changed and FY 2016 data is for the new schedule - 4:3:1:3:3:1:4 | 74.0% | 64.8% | 70.8% | 62.7% | 61.0% |
| Decrease the Number of Preventable Hospitalizations for Medicare Enrollees (per 1,000) | 61.0 | 76.9 | 78.3 | 76.9 | 81.0 |
| Number of motor vehicle deaths in infants less than one year of age. Should read: "Number of fatal and nonfatal motor vehicle crash injuries among occupants less than one year of age." per Pam Archer. Numbers in red for previous years are corrected per Pam also. | 95 | 88 / 89 | 97/ 98 | 97/ 104 | 104 / 116 |
| Improve Oklahomans' Wellness | | | | | |
| Percent of Oklahoma adults who are obese | 33.0% | 33.0% | 32.5% | 32.2% | 31.1% |
| Percent of Oklahoma adults who smoke | 21.0% | 21.1% | 23.7% | 23.3% | 26.1% |
| Cardiovascular deaths per 100,000 | 250.0 | 259.3 | 288.5 | 290.4 | 284.0 |
| Number of Certified Healthy Communities | 80 | 77 | 72 | 52 | 43 |
| Number of Certified Healthy Schools | 685 | 595 | 523 | 314 | 155 |
| Improve Infrastructure, Policy, and Resource Support to Achieve | | | | | |
| Number of PHAB Accredited Health Departments | 3 | 2 | 2 | 2 | 0 |
| Percent of turnover agency-wide | 15.0% | 14.8% | 11.7% | 13.1% | 12.9% |

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| Revolving Funds (200 Series Funds) | | | | |
|--|------------------------|----------------------------|------------------|--------------|
| | FY'15-17 Avg. Revenues | FY'15-17 Avg. Expenditures | June '17 Balance | |
| Kidney Health Revolving Fund 202 for Duties | \$ - | \$ - | | \$575,108 |
| Genetic Counseling License Revolving Fund 203 for Duties | \$ 8,233.33 | \$ 3,966.91 | | \$20,387 |
| Tobacco Prevention and Cessation Revolving Fund 204 for Duties | \$ 1,130,283.47 | \$ 1,079,112.55 | | \$984,957 |
| Alternatives to Abortion Services Revolving Fund 207 for Duties | \$ - | \$ - | | \$0 |
| Public Health Special Revolving Fund 210 for Duties - Available balance necessary to process local payroll for county health department services across the state. | \$ 19,916,515.32 | \$ 17,114,106.22 | | \$13,779,152 |
| Nursing Facility Administrative Penalties Fund 211 for Duties | \$ 41,081.19 | \$ - | | \$333,767 |
| Home Health Care Revolving Fund 212 for Duties | \$ 234,558.42 | \$ 141,000.18 | | \$774,305 |
| National Background Check Fund 216 for Duties | \$ 1,137,941.95 | \$ 542,864.03 | | \$1,358,545 |
| Civil Monetary Penalty Revolving Fund 220 for Duties - Restricted by CMS see 42 CFR 488.433 | \$ 70,026.51 | \$ 861,389.06 | | \$1,600,853 |
| Oklahoma Organ Donor Education Revolving Fund 222 for Duties | \$ 130,031.23 | \$ 195,678.17 | | \$143,792 |
| Breast Cancer Act Revolving Fund 225 for Duties | \$ 17,395.34 | \$ 6,823.33 | | \$101,979 |
| Sports Eye Safety Program Revolving Fund 226 for Duties | \$ 1,441.67 | \$ - | | \$4,996 |
| Oklahoma Leukemia and Lymphoma Revolving Fun 228 for Duties | \$ 2,214.33 | \$ 830.39 | | \$63,439 |
| Multiple Sclerosis Society Revolving Fund 229 for Duties | \$ 1,720.33 | \$ 3,091.49 | | \$97 |
| Oklahoma Pre Birth Def, Pre Birth & Revolving Fund 233 for Duties | \$ 233.33 | \$ 50.00 | | \$1,982 |
| Oklahoma Lupus Revolving Fund 235 for Duties | \$ 3,510.67 | \$ 233.66 | | \$12,368 |
| Trauma Care Assistance Revolving Fund 236 for Duties | \$ 25,366,604.93 | \$ 28,312,504.44 | | \$2,218,954 |
| Pancreatic Cancer Research License Plate Revolving Fund 242 for Duties | \$ 1,926.67 | \$ 98.00 | | \$10,181 |
| Regional Guidance Centers Revolving Fund 250 for Duties | \$ - | \$ - | | \$0 |
| Child Abuse Prevention Revolving Fund 265 for Duties | \$ 53,744.68 | \$ 30,850.46 | | \$91,821 |
| EMP Death Benefit Revolving Fund 267 for Duties | \$ 17,990.50 | \$ 1,666.66 | | \$152,157 |
| Oklahoma Emergency Response System Stabilization and Improvement Revolving Fund 268 for Duties | \$ 1,163,396.79 | \$ 1,481,644.09 | | \$2,332,531 |
| Dental Loan Repayment Revolving Fund 284 for Duties | \$ 409,642.94 | \$ 454,079.03 | | \$113,797 |
| Oklahoma Insurance Disaster and Emergency Medicine Revolving Fund 285 for Duties | \$ - | \$ 999,171.88 | | \$0 |
| Children's Hospital - Oklahoma Kids Association Revolving Fund 290 for Duties | \$ - | \$ - | | \$860 |
| Oklahoma State Athletics Commission Revolving Fund 295 for Duties | \$ 191,976.09 | \$ 237,175.94 | | \$28,825 |